



Dear Taxpayer,

This is a notice of the City of Bedford's tax filing procedure. All Residents over 18 must file a tax return, even when no tax is due. Our tax rate is 2.25% and we give up to 1.5% credit.

Attached is a New Resident Questionnaire that will allow us to maintain accurate records. Please fill out the form and submit it to the City of Bedford at your earliest convenience. **All information is confidential and used for tax purposes only.**

For more information on City Tax, please visit our website at [www.bedfordoh.gov](http://www.bedfordoh.gov).

Thank You

City of Bedford  
- Tax Department

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Date you moved in to address above: \_\_\_\_\_ Have you ever lived in Bedford before: YES ☐ NO ☐

If yes, what address: \_\_\_\_\_

Homeowner: YES ☐ NO ☐ If no, name & address of owner/landlord : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN or Gov't ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Tax Filing Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_  
(if applicable)

Unemployed: YES ☐ NO ☐ Disabled: YES ☐ NO ☐ Retired: YES ☐ NO ☐ If yes, date of retirement: \_\_\_\_\_

Name	SSN	Employer